

JAI Child Care Child Minding

North Berwick

Type of inspection:
Unannounced

Completed on:
2 February 2026

Service provided by:
Deborah Halbert

Service provider number:
SP2009976515

Service no:
CS2009235367

About the service

Deborah Halbert, trading as JAI Child Care, (referred to the childminder in this report) provides a childminding service from their property, a detached house in a quiet residential area of North Berwick in East Lothian.

Children access the lounge/dining room, kitchen (which children had restricted access to), bathroom and cabin within the large enclosed rear garden. The cabin and garden areas were not being used at the time of inspection.

The childminding service is registered to provide a care service to a maximum of 6 children at any one time up to 16 years of age: of whom no more than 6 are under 12 years; of whom no more than 3 are not yet attending primary school and; of whom no more than 1 is under 12 months.

From 12 November 2025 to 12 November 2026 (or before if a child leaves the service) the childminder may care for a maximum of 7 children at any one time up to 16 years of age on a Wednesday as identified in the variation request dated 9 September 2025: of whom no more than 7 are under 12 years; of whom no more than 3 are not yet attending primary school and; of whom no more than 1 is under 12 months Numbers include the children of the childminder's family/household

About the inspection

This was an unannounced inspection which took place on 02 February 2026 between 09:30 and 12:45. One Inspector carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included, registration information, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:

- spoke with children using the service
- considered feedback from seven families through an online questionnaire
- spoke with the childminder
- observed practice and daily life
- reviewed documents relating to the care of children and the management of the service.

As part of our inspections, we assess core assurances. Core assurances are checks we make to ensure children are safe, the physical environment is well maintained and that a service is operating legally. At the time of this inspection no improvements were identified relating to core assurances.

Key messages

- Improvements had been made following the last inspection and the previous areas for improvement had been met.
- Self evaluation processes were at an early stage but had begun to highlight relevant areas for improvement.
- Risk assessments were in place and generally supported safety, but some areas required further updating to reflect recent changes.
- Children were happy and confident in the environment and engaged in wide range of activities.
- The childminder created a warm and welcoming environment where children felt safe, loved, and secure.
- More regular and consistent recording of observations would have strengthened the childminder's ability to track children's progress.
- The childminder had improved their personal planning by introducing a revised format, which strengthened the quality and consistency of information recorded.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

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|-----------------------------------|----------|
| Leadership | 4 - Good |
| Children play and learn | 4 - Good |
| Children are supported to achieve | 4 - Good |

Further details on the particular areas inspected are provided at the end of this report.

Leadership 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Quality indicator: Leadership and management of staff and resources

The childminder promoted a clear vision for their service. The childminder had clearly established aims and objectives for the service, which were set out within the service handbook and the statement of purpose. The aims reflected a commitment to providing a safe, nurturing and inclusive environment where children felt secure, valued and supported. They also emphasised a strong focus on child led, play based learning and prioritising children's health and wellbeing. These documents were shared with families prior to children starting, supporting transparent communication and helping families understand the values and expectations of the service.

Self-evaluation processes were at an early stage but had begun to highlight relevant areas for improvement. Using the Scottish Childminding Association (SCMA) self evaluation models, the childminder identified a need for more consistent evaluation of children's progress, better use of observations to plan and extend learning and stronger personal plans to include observations and identified strengths. They had begun to develop learning journals, showing that reflection was beginning to lead to positive change. A self evaluation floor book had been introduced, though entries focused mainly on "How are we doing?". To further strengthen self evaluation processes they should develop these to consider "How do we know?" and "What are we going to do now?" to support targeted improvement planning. Questionnaires for families had been developed but not yet used; implementing these and consulting children on any improvements would ensure families and children contribute meaningfully to shaping improvements. Overall, self evaluation was emerging which resulted in a more consistent and reflective approach to improving, leading to more positive outcomes for children and families.

Improvements had been made following the last inspection and the previous areas for improvement had been met. The childminder had used the Care Inspectorate Hub to access guidance and update key policies and procedures. This included developing their sleep policy, strengthening medication systems, adopting an improved personal plan format and enhancing accident, incident and risk assessment documentation. This demonstrated a proactive approach to using best practice guidance and driving improvement. While this showed positive engagement with national expectations, further work was needed to fully embed safe sleep and medication procedures. The childminder acted promptly to address these issues and ensured medication procedures were strengthened and in place the following day, showing a responsive attitude and a continued commitment to improvement.

Risk assessments were in place and generally supported safety although some areas required further updating to reflect recent changes. A storage unit in the cabin had recently been moved and was no longer secured, creating a potential risk for younger children. Although the cabin was not in use, these issues needed addressed before reopening the cabin. Access to kitchen drawers used to promote independence at snack times needed stronger risk management and they should include further detail within their outdoor risk assessments such as considering the recycling storage risks. The childminder demonstrated the capacity to strengthen risk assessments to ensure consistently safe experiences for children.

Children play and learn 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Quality indicator: Playing, learning and developing.

The childminder knew children well and supported their interests through a variety of play experiences. One family commented, "They get to do lots of crafting, go for walks in the better seasons, go to playgroups etc". Children were happy and confident in the environment and engaged in activities such as crafts, jigsaws, tent play, small world resources, colour sorting and stories, which promoted choice and independence. Children accessed resources freely and led their own play, supporting their wellbeing and engagement. We advised increasing access to a range of open ended and natural materials would further enhance children's imagination, problem solving and exploratory play and the childminder shared they have resources for this within the outdoor cabin.

During the inspection, children did not use the garden or outdoor cabin, as the childminder assessed these areas unsuitable due to cold and muddy winter conditions. Instead, they ensured daily outdoor experiences by making effective use of local community spaces. Regular visits to the park, toddler groups, the beach and meet ups with other childminders supported children's physical development, social skills, and relationships. Additional outings to places such as the sunflower farm and soft play centres further promoted wellbeing and a sense of belonging. Families commented, "They have a great outdoor space, lives next door to big park and lots of green space. Also near the beach which my child loves to go to with the childminder and search for shells and stones". Although not in use on the day of inspection, the garden was generally well resourced and offered direct access from the cabin. The childminder had identified necessary improvements, including removing disused soft furnishings and addressing the broken trampoline, to ensure the space remained safe and engaging when reopened.

Interactions from the childminder were kind, caring and respectful which meant children's rights were respected. Children's routines, needs and personalities were known and used to promote an environment where they felt safe, loved and secure. Responsive interactions supported children's development and encouraged them to express themselves. This helped build communication skills and supported children's confidence in using language.

Planning for children's play was responsive mainly through spontaneous, day to day interactions. A floorbook had previously been used with older children to gather their ideas and there were positive examples of children sharing interests such as holidays and firefighters. However, the floorbook was not used consistently, and there was no documentation showing how children's interests were extended into planned play and learning which restricted the ability to evaluate the plans on how they support children to make progress. More consistent recording of planned provocations and learning opportunities would have demonstrated clearer links between children's interests and the intentional development of their learning. Regular use of the available floor books would strengthen planning for high quality, play based learning and support the responsive and child led approach.

Children's learning stories contained good quality observations with next steps identified. Developmental overview trackers were in place however, progression in learning was not always evident because next steps were not followed up with further observations or recorded achievements. Photographic updates were regularly shared with families via WhatsApp but in some learning journals no observations had been added since August. More regular and consistent recording of observations would have strengthened the

childminder's ability to track children's progress, demonstrate continuity in learning and plan meaningful next steps aligned with children's developmental needs.

Children are supported to achieve 4 - Good

We evaluated this quality indicator as good, where there were important strengths within the setting's work and some aspects which could benefit from improvement.

Quality indicator: Nurturing care and support

The childminder demonstrated a warm and nurturing relationship with the children, who were settled and comfortable in their care. They created a welcoming environment where children felt safe, loved, and secure. One child commented, "The childminder is loving, kind and fun!". A family commented, "The childminder is a mum away from home and treats the kids with genuine love, kindness and support. They nurture each child and their own individual ways and supports each of them to grow". Care and routines were delivered with kindness and compassion. The childminder responded sensitively to the children's cues and preferences throughout our visit, supporting their well-being and overall development.

Mealtimes were calm and sociable, supporting positive relationships. Children sat comfortably at the table, with the childminder nearby to ensure safe eating. Healthy meals and snacks were offered and one family commented, "The childminder always offers homemade healthy food". Children were encouraged to be independent, including choosing snacks from low kitchen drawers. For older children, further involvement in simple snack preparation would have strengthened their independence and learning. The childminder did not sit at the table during mealtimes, which limited opportunities for closer supervision and social interaction. Sitting with the children would have strengthened safe practice and supported the development of social skills. Overall, children experienced relaxed, unhurried mealtimes that met their nutritional needs and supported their wellbeing.

Children were regularly encouraged to wash their hands before meals and after toileting, which supported good hand hygiene routines. Nappy changing took place on a changing mat in the bedroom, ensuring children's privacy and dignity were respected. Appropriate personal protective equipment (PPE) was available and used, contributing to effective infection prevention and control.

The childminder supported children's individual sleep routines and had an updated sleep policy. Regular checks were carried out on sleeping children, demonstrating awareness of national expectations. There was one travel cot available however this was not used for all children and we discussed with the Childminder their practice of children sleeping in buggies and on the sofa as this was not considered best practice. We acknowledged the childminder's efforts in ensuring the safety of the children, such as sitting with them on the sofa during nap times or checking on children sleeping in buggies. To support children to be safe, we discussed with the childminder that they should follow safe sleep guidance and their policy. In consultation with families they should agree ways to support safer sleeping for all children in the service. We recognise that it may take time for children to gradually transition to safer sleeping arrangements and the childminder should begin to consult families around this to ensure they adhere to safer sleep best practice guidance.

The childminder had accessed best practice guidance from the Care Inspectorate Hub and used this to shape their medication procedures. Although no medication was stored at the time of inspection, some children brought medication daily. Clear medication action plans were in place, supporting safe administration. We identified an error where the action plans had been used as consent, meaning formal consent forms had not been completed. The childminder took swift action during the inspection and ensured these were in place

the following day. Moving forward, the childminder should review medication consent every three months or termly, in line with best practice guidance. As a result children's health needs were managed safely and in accordance with best practice guidance.

The childminder had improved their personal planning by introducing a revised format, which strengthened the quality and consistency of information recorded. Plans were mostly developed in partnership with families and included key details such as medical needs, routines, preferences, and food requirements. This supported the childminder to respond effectively to each child's individual needs. Although all plans had recently been updated, they had not always been reviewed within the required six month period. The childminder recognised this and introduced a review sheet to support consistent six monthly updates moving forward. Personal plans would have been further improved through the inclusion of brief chronologies to record significant information, support strategies, and children's progress, for example, documenting approaches to health and wellbeing needs. This would have ensured plans functioned as dynamic working documents clearly outlining children's needs and how they were being supported.

The childminder had strong connections with families and communicated regularly through WhatsApp. All families strongly agreed they had a good relationship with the childminder. One family commented, "Great communication with the childminder. They have such a fantastic approach to our children and what their needs are". The collaborative approach allowed the childminder to learn from families, share insights on children's development and ensure their care remained responsive to children needs.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To improve children's play experiences and independence, the childminder should consider the general cleanliness, organisation, space and storage of resources within the cabin.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am able to access a range of good quality equipment and furnishings to meet my needs wishes and choices' (HSCS 5.21). "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

This area for improvement was made on 16 October 2024.

Action taken since then

The cabin was not in use at the time of inspection due to muddy and cold winter conditions. The childminder showed us the cabin which was clean, mostly tidy, and organised. The childminder was continuing to make changes to the cabin before reopening it to children. Resources were neatly arranged, and the childminder had begun using a laminator to label and organise resources, with plans to continue this work

The childminder identified some further work was needed on the cabin before reopening it to children and they had plans in place to carry this out before children accessed the cabin when the weather was warmer.

This area for improvement has been met.

Previous area for improvement 2

To keep children safe, and support positive outcomes, the childminder should consider and implement their policies effectively. For example, considering and applying their health and safety policies and procedures, to ensure children's wellbeing such as, risk assessing the cabin and garden to make sure these areas are safe, clean and well maintained for the children to use. Furthermore to keep children safe, the childminder should implement their accident and incident policy, by keeping formal records of any accidents and incidents these should be viewed and signed by parents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19). 'I use an organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 16 October 2024.

Action taken since then

The childminder had reviewed their policies and developed risk assessments in the service. Risk assessments were last reviewed on 05 January 2026, with the next review planned for July 2026. Risk assessments were in place for outdoor play spaces and the cabin and generally supported safety although some areas required further updating to reflect recent changes. They had recently added new furniture to the cabin and we advised the childminder to move or secure a shelving unit to the wall for safety. Their risk assessment detailed that shelving units are secured to the wall.

The childminder had reviewed their accident and incident policy and ensured this was reflected in their practice. They developed accident and incident recording procedures to document these which were viewed and signed by families.

This area for improvement has been met.

Previous area for improvement 3

To support a culture of continuous improvement and positive outcomes for children, the childminder should increase their knowledge and use of current best practice in Early learning and childcare. This should include using the Care Inspectorate's website and 'The Hub' to support personal planning, medication recording, as well as the use of best practice documents including but not limited to:- 'Guide for providers to personal planning' - 'Management of medication in daycare of children and childminding services' - 'Me, my family and my childcare setting' - 'Safe sleep for babies'

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

This area for improvement was made on 16 October 2024.

Action taken since then

The childminder had used the hub to access best practice guidance documents for safe sleep, personal planning and medication. This had resulted in them updating their safe sleep policy, medication procedures and personal planning format.

The childminder was aware of safe sleep guidance and regular checks were carried out on sleeping children, demonstrating awareness of national expectations. However, sleep arrangements did not always align with safe sleep guidance, as children sometimes slept on sofas or in prams. This is reported on in the 'Children are supported to achieve' section in this report.

The childminder had developed their medication procedures in the services and had appropriate recording formats in place. We identified an error the childminder had made in recording medication consent which the childminder took immediate action to correct. This will be reported on in the 'Children are supported to achieve' section in this report.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

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| Children are supported to achieve | 4 - Good |
| Nurturing care and support | 4 - Good |

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